

JMS
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FILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

JAN 04 2016
at 9 o'clock and 21 min. A M.
SUE BEITIA, CLERK

ZACHARY RYAN GILLMAN

-against-

UNITED STATES OF AMERICA

Complaint and Request For
Injunction

Case No. CV16 00001

JMS

RLP

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	ZACHARY RYAN GILLMAN
Street Address	1750 KALAKAUA AVE STE 201, PMB 346
City and County	HONOLULU
State and Zip Code	HAWAII 96826
Telephone Number	808 312 2970
E-mail Address	tallgeeseiii82@gmail.com

B. The Defendant(s)

Defendant No. 1

Name	UNITED STATES OF AMERICA
Job or Title (if known)	<u>United States Attorney</u>
Street Address	U.S. DEPARTMENT OF JUSTICE
	950 PENNSYLVANIA AVENUE, NW
City and County	WASHINGTON
State and Zip Code	DC, 20530-0001
Telephone Number	202-514-2000
E-mail Address (if known)	_____

Defendant No. 2

Name	UNITED STATES ATTORNEY
Job or Title (if known)	_____
Street Address	300 ALA MOANA BLVD # 6100
City and County	HONOLULU
State and Zip Code	HAWAII 96850
Telephone Number	808-541-2850

II. Basis for Jurisdiction

What is the basis for federal court jurisdiction? (*check all that apply*)

- Federal question Diversity of citizenship

A. If the Basis for Jurisdiction Is a Federal Question

28 U.S.C SECTION 2401 (b)

18 U.S.C SECTION 1519

III. Statement of Claim

A. Where did the events giving rise to your claim(s) occur?

TRIPLER MEDICAL CENTER

B. What date and approximate time did the events giving rise to your claim(s) occur?

BETWEEN JAN 2012 AND DEC 2014

B. What are the facts underlying your claim(s)?

- (1) FOUND MULTIPLE SETS OF FAKE AND OR FALSIFIED MENTAL HEALTH INFORMATION IN MY PERSONAL VETERAN AFFAIRS MEDICAL FILE, BUILDING A FAKE DOWNWARD SOCIAL SPIRAL AND PSYCHOLGICAL PROFILE.
- (2) FOUND VETERAN AFFAIRS DOCTORS USING IMPROPPER MEDICAL METHODS AND ETHICS TO GATHER FACTS, AND GIVING MENTAL HEALTH DIOGNOSIS BASED ON THESE, AND ABOVE STATED ISSUE.

(3) FOUND VETERAN AFFAIRS DOCTORS USING NON VA PERSONAL IN ATTEMPT TO CREATE FAKE EXTERNAL ENVIRONMENT AND DISSOCIATE, DERAIL, DISTURB A HUMAN, AND METHODS EMPLOYED, IN ATTEMPT TO GIVE APPERANCE OF MENTAL HEALTH ISSUES, AND BOLSTER FALSIFIED MEDICAL RECORDS AND MENTAL HEALTH DIOGNOSIS, TO INCLUDE PEEPHOLES IN WALLS OF RENTED ROOMS AND USE OF IMBEDDED ELECTRONICS LIGHT DIODES TO ACTIVATE PORTIONS OF WALL PAINT TO “GLOW IN THE DARK.”

IV. Irreparable Injury

- (1) RECORDS APPEAR TO HAVE BEEN DOCTORED PREVIOUS BACK TO OCT 2007.
- (2) PROBLEMS RELATED TO HAVING SUCH INFORMATION IS PROBLEM TO ALL AND EVERY ASPECT OF LIFE IN CURRENT TIMES.
- (3) HAS KEPT ME FROM PURSUEING PROFFESIONAL MIXED MARTIAL ARTS CAREER, AND OTHER PROFFESIONAL WORK RELATED FIELDS.
- (4) EACH ABOVE STATED PROFFESIONS COULD EQUAL HUNDREDS OF THOUSAND OF DOLLARS INTO THE MILLIONS OF DOLLARS.
- (5) THIS IS NOT TAKING INTO ACCOUNT THE FACT SUCH INFORMATION GETS PUT OUT INTO THE SOCIETY, BASED ON FACT OF THE “POSSIBILITY OFF DANGER TO SOCIETY” BASED ON MENTAL HEALTH DIOGNOSIS.

V. Relief

- (1) INJUNCTION FOR PROTECTIVE CLAIM/ STAYED FOR ALL TIME LIMITS, TO PROVIDE PROPER TIME FRAME, AND LARGE AMOUNT OF EVIDENCE NEEDED CONSIDERING NATURE OF CLAIM. WILL GO RIGHT TO COURT IF DEEMED.
- (2) REMOVE ALL FAKE AND OR FALSIFIED MEDICAL INFORMATION IN MEDICAL RECORDS, AND PROPER NOTING OF FAULT.
- (3) REMOVAL OF ALL MENTAL HEALTH DIOGNOSIS ON MY NAME.
- (4) A SETTLEMENT IN BETWEEN THE AMOUNTS OF 5 – 10 MILLION DOLLARS FROM DEFENDANT.

- (5) A FULL REPORT FROM THE DEFENDANT EXPLAINING ALL THE WHO/WHAT/WHEN/WHERE/HOW/WHY OF ENTIRE SITUATION.
- (6) I HAVE PRIVATE DOCTORS. TEST RESULTS SHOW NO MENTAL HEALTH PROBLEMS.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Jan 04, 2016.

Signature of Plaintiff



Printed Name of Plaintiff

ZACHARY RYAN GILLMAN

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address



MCMI-III™

Millon® Clinical
Multiaxial Inventory-III

by Theodore Millon, PhD, DSc, with Carrie Millon, PhD, and Roger Davis, PhD

Hand-Scoring Profile

AGE 32 RACE W DATE TESTED 11/29/15

REASON FOR REFERRAL

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MODIFYING INDICES X Y Z			1	2A	2B	3	4	5	6A	6B	7	8A	8B	SEVERE PERSONALITY S C P	A H N D B T R	CLINICAL SYNDROMES SS CC PP	SEVERE CLINICAL SYNDROMES SS CC PP
115 Disclosure Dissociability	110 Declarative Declarative	105 Dependent	Scared	Antipathetic	Depressive	Reactive	Aggressive	Antisocial	Aggressive	Compulsive	Negligent	Self-defeating	Schizotypal	Anxiety	Somatization	Depression	115
100	95	90											Borderline	Bipolar			110
85	80	75											Paranoid				105
70	65	60											Antisocial				100
55	50	45											Psychotic				95
40	35	30											Dependence				90
25	20	15											Paraphilic				85
10	5	0											Anterograde				80
X Y Z	1	2A	2B	3	4	5	6A	6B	7	8A	8B	S C P	A H N D B T R	SS CC PP			

BR Score 58 74 34 38 2 2 2 54 61 32 ✓ 70 24 2 42 2 50 2 62 2 ✓ 17 32 2 31 2 70Validity Scale 6

Shari Au, Ph.D., LLC
Licensed Clinical Psychologist

E F G H

Product Number
33009

2. Over the past two weeks, how often have you been bothered by the following problems? Feeling down, depressed, or hopeless: Not at all

/es/ BARBARA SAIKI, CNS
CLINICAL NURSE SPECIALIST, MH PET
Signed: 01/17/2012 13:40

LOCAL TITLE: MH TRIAGE

STANDARD TITLE: MENTAL HEALTH TRIAGE NOTE

DATE OF NOTE: JAN 13, 2012@15:35 ENTRY DATE: JAN 13, 2012@15:35:27

AUTHOR: SAIKI, BARBARA K EXP COSIGNER:

URGENCY: STATUS: COMPLETED

30 Minute MH Triage Session

S: " I am trying to be honest and I need someone to talk to today. I have been in Oklahoma working as an auto body expert, I like working. I started out as a youngster interested in US Seal Cadet and into some serious issues after cadet training with Richard Marsinco on the Seal Team Red Sail Installation, Rogue Warrior. I keep to myself and only have a couple close friends."

O: The veteran was alert and oriented x3, thoughts tangential, circumstantial, with ideas of reference, delusional in nature, mood anxious, distracted, unable to transition to direct questions in relationship to reality, would not answer questions about reminders due, became irritable when asked a second time, denies SI/HI, nor attempt history.

A: Hyperverbal, tangential, circumstantial and paranoid about others believing

AXIS V - GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE:
Date/Time of Assessment: 1/17/2012 10:59:00 AM GAF SCORE: 51
Entered by: SAIKI, BARBARA K

TREATMENT PLAN PROBLEMS/NEEDS LISTED BY PRIORITY:

The Veteran reports delusional concerns associated with a psychotic disorder that act as a potential barrier to achieving and/or maintaining his/her self-identified life goals.

The Veteran reports paranoia associated with a psychotic disorder that acts as a potential barrier to achieving and/or maintaining his/her self-identified life goals.

TREATMENT PLAN:

Read This.

Problem: The Veteran reports delusional concerns associated with a psychotic disorder that act as a potential barrier to achieving and/or maintaining his/her self-identified life goals.

Goal: The Veterans thought disorder symptoms and overall level of functioning will sufficiently improve as evidenced by meeting the following objectives:

Progress Notes

Printed On Dec 27, 2013

Past Psych History:

The veteran believes he has had this way of forgetting, but can always remember being down and or depressed. The veteran is not aware of medical ailments. The veteran was last seen on 8/19/2011 in Muschegan, Oklahoma in MH Triage with pain medication seeking behavior. There is no note of psytropic treatment and has been diagnoses with Cannabis Abuse, Adjustment D/O with disturbance of Conduct.

Allergies:

The veteran has know known drug allergies.

↑ Entire False

Social/Family History:

The veteran lives alone and mother is visiting.

Housing:

The veteran will soon be needing housing. Is looking into HUD/Vash program.

Employment History:

The veteran is not employed.

Financial Concerns:

The veteran has financial stress.

Legal Issues:

The veteran has no legal issues and or did not disclose.

Entire False ↓

Military History:

The veteran joined the National Guard at age 17 and after 911 joined the Army Active Duty. The veteran was a part of the "counter intelligence" agency. He was a combat trauma specialist and was stationed at Ft. Benning and in San Antonio and south California. While at FT.Erwin had a breathing disorder and allergies and was discharged. The veteran has not been in combat.

Additional Aspects of Care:

Mental Status: The veteran presents alert and oriented x3, casually dressed, hyperverbal, hypervigilant, circumstantial, tangential, delusional, paranoid, slightly disorganized, able to manage self with structure, hypomanic, insight and judgment fair to poor.

Clinical Summary:

The veteran does not want treatment at this time. He denies any substance use nor abuse and has been able to survive because he has had a car and money. Now he has neither and appears to need assistance, but refuses care. The veteran is willing to sign up for the HUD/Vash program and will attend a group next week for more information.

Advanced Directive:

None.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GILLMAN, ZACHARY RYAN
3444 SALT LAKE BLVD #B
HONOLULU, HAWAII 96818

VISTA Electronic Medical Documentation

Printed at VA PACIFIC ISLANDS HCS

PATIENT'S LIMITATIONS:

Chronic psychiatric symptoms, without remission

Homeless

Financial deficit

↓ Entire Folie/Fake

INTERDISCIPLINARY INTEGRATED SUMMARY:

Chief complaint:

"I am trying to be honest even though there is a secret type staff so I keep quiet. I started out young in the US Sea Cadets at the US Center for youth. I hurt my heart a long time ago. Most recently I was in Okalahoma and that was a stupid ordeal. No one knew about the internal workings. I had some "serious issues with the cadets and sea team/red snail. It was an instillation unit so we did not talk about it." The veteran talked at length about the service and everyday life and how those two merged. The veteran denies any hypomania, paranoia nor treatment.

Presenting Symptoms:

The veteran has no complaints as just wants to talk to someone. Does not ask for medication. Denies symptoms, but is worried about the future and the need to keep quiet. Does generally keep to self. Appears dysporic, reports isolation, anxiety and tense. The veteran has difficulty trusting.

Entire Folie/Fake

Sleep Problems:

The veteran has no complaints about sleep.

Alcohol Use:

The veteran denies substance use.

Progress Notes

Printed On Dec 27, 2013

[X] Vet. Attended Day Hospital Recovery Group today
Topic: "WRAP-Developing Gratitude"

[] was excused from Recovery Group today

Comment:

[] did not show up at Recovery Group today

Comment:

S/O: Veteran participated in WRAP recovery group treatment as noted above. Group members collectively identified aspects of gratitude and discussed methods to cultivate an attitude of gratitude based on the Pathways to Recovery: A strengths recovery self-help workbook by Ridgway, McDiarmid, Davidson and Bays. Methods included keeping a gratitude journal, maintaining peer support, using religion and spirituality and reframing perspectives. Veterans also shared personal stories regarding gratitude and experiences with gratitude. The veteran minimally participated. The veteran was making notes on medical records while in group. The veteran would make statements or ask questions periodically that indicated that he was not paying attention to the group discussion.

A: This veteran's condition is currently: Stable. Veteran arrived on time. Veteran's mood and affect were generally appropriate to topics of discussion. Veteran was oriented to person, place, time and situation.

P: Veteran's treatment goals include alterations in thought process and medication compliance. He is encouraged to continue taking his medications as prescribed and attending day hospital programming as scheduled to manage his symptoms related to paranoid schizophrenia. He is also encouraged to continue engaging in peer support while enrolled in Day Hospital.

/es/ Chadwick A. Dunning, PsyD
PSYCHOLOGY RESIDENT
Signed: 12/12/2013 15:20

/es/ ROBERT L.K. YOSHIMURA PSY.D.
CLINICAL PSYCHOLOGIST
Cosigned: 12/12/2013 18:00

Never spoke to about period.
No medical basis -

LOCAL TITLE: DAY HOSPITAL GROUP
STANDARD TITLE: DAY HOSPITALIZATION NOTE
DATE OF NOTE: DEC 11, 2013@15:52 ENTRY DATE: DEC 11, 2013@15:52:43
AUTHOR: DUNNING, CHADWICK A EXP COSIGNER: YOSHIMURA, ROBERT L K
URGENCY: STATUS: COMPLETED

Day Hospital Illness Management and Recovery Group

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

GILLMAN, ZACHARY RYAN
3444 SALT LAKE BLVD #B
HONOLULU, HAWAII 96818

VISTA Electronic Medical Documentation

Printed at VA PACIFIC ISLANDS HCS